



DR. MARTIN LUTHER KING, JR.
INDIANA HOLIDAY COMMISSION
Indiana Government Center North
100 N. Senate Avenue, Room N103
Indianapolis, Indiana 46204
Telephone (317) 232-2651
Fax (317) 232-6580
<http://www.in.gov/icrc>

GOVERNOR MITCHELL E. DANIELS JR.
Clayton A. Graham, Esq., Chair

CONSENT AND RELEASE FORM

_____(hereafter the SCHOOL), located in
(school name)

_____, Indiana, accepts the invitation to participate in the **15th Annual**
(school city)

HOLOCAUST OBSERVANCE AND YOUTH SUMMIT (hereafter the EVENT) on *date and time forthcoming*, at the Indiana Government Center and the Indiana Statehouse located on 650 West Washington Street and 200 West Washington Street, respectively. The EVENT is sponsored by the **DR. MARTIN LUTHER KING, JR. INDIANA HOLIDAY COMMISSION** (hereafter KING COMMISSION) and planned by the **INDIANA CIVIL RIGHTS COMMISSION** (hereafter ICRC, or collectively the COMMISSIONS).

The SCHOOL authorizes the COMMISSIONS to allow outside media/news organizations to video, film, record, and edit appearances at the EVENT to use and/or re-use films/or recordings, in whole or in part, for radio and television broadcasting, cable casting, audiovisual, and other electronic and mechanical distribution. The SCHOOL also understands the COMMISSIONS have no obligation to use the recordings of the EVENT if they so choose.

The SCHOOL also agrees to accept no compensation for the appearance on or participation in any and all films or recordings made of the EVENT.

The consents, terms, and conditions of this Consent and Release Form shall continue in effect beyond the date it is signed and shall apply to any and all media coverage of the EVENT and the SCHOOL participation therein.

PRINTED NAME:

SIGNATURE: _____

DATE: _____

TITLE: Principal

REPRESENTATIVE FOR:

ADDRESS: _____

PHONE: _____ **FAX:** _____

E-MAIL: _____